REQUEST FOR FIELD TRIP

| Due to the Assistant Principal | | | | | |
|---------------------------------|--------------------------------|--------------|--|--|--|
| Department | | Date | | | |
| | Approximate number of students | | | | |
| Teacher(s) | | | | | |
| Date of Trip | Departure Time | Return Time | | | |
| Substitute Teacher Requirement: | | | | | |
| Destination | | | | | |
| Transportation arrangement | | | | | |
| Purpose of Trip: | | | | | |
| | | | | | |
| | A1 | N-4 A | | | |
| | Approved | Not Approved | | | |
| Teacher Signature | Assistant I | Principal | | | |

Reminders:

- 1. Trips requiring bussing need to be requested 2 weeks prior to trip.
- 2. Roster due to Assistant Principal by noon at least 5 days before trip.
- 3. Permission slips for all students going on field trips must be signed and returned prior to the trip.
- 4. A copy of the approved Request Form and transportation arrangements will be given to the teacher.
- 5. A copy of form will be given to Secretary for substitute teacher requirements.

JASPER HIGH SCHOOL PERMISSION SLIP

| I hereby give permission for my son/daughter, | |
|---|---------------|
| To go on a class trip to | |
| On (date) | |
| Time of Leaving School | |
| Time of Return to school | |
| Means of Transportation: | |
| Cost per Student | |
| Permission forms are due | |
| I understand that the trip will be under the supervision of a teacher. I hereby relieve the Gonsolidated School System of All responsibility beyond that of normal supervision. | reater Jasper |
| Signature of Parent/Guardian JASPER HIGH SCHOOL PERMISSION SLIP | |
| I hereby give permission for my son/daughter, | |
| To go on a class trip to | |
| On (date) | |
| Time of Leaving School | |
| Time of Return to school | |
| Means of Transportation: | |
| Cost per Student | |
| Permission forms are due | |
| I understand that the trip will be under the supervision of a teacher. I hereby relieve the Gonsolidated School System of All responsibility beyond that of normal supervision. | reater Jasper |
| consolitation system of the responsionity beyond that of normal supervision. | |

Signature of Parent/Guardian

Greater Jasper Consolidated School Corporation Jasper High School Transportation Request

| Sponsors Name: | | Hon | ne Phone:_ | | | |
|---|-------|-----------------------------------|----------------------------|-----------------------|------------|-----------|
| Destination of Trip | | | | | | |
| | | E | James b | | | |
| Name | II. | Emergency N | | Call Dham | | |
| Name Jerald Roberts | | <u>me Phone</u> <u>V</u> -1821 | Vork Phone 482-6050 | Cell Phon 631-0930 | <u>ie</u> | |
| | | -1821 -2684 | 482-6050 | 631-0930 | | |
| Robert Stenftenagel Dr. Jerrill Vandeventer | | -2084 -1781 | 482-1801 | 639-7021 | | |
| | | -1781 7949 | | 309-0486 | | |
| Mike Hile | 482 | /949 | 482-1801 | 309-0486 | | |
| Student Name | Grade | Contact Person | Day | Evening | Cell Phone | Emergency |
| | | | Phone | Phone | | Phone |
| | | | | | | |
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